Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: 7 <u>/2-</u> 07 | Address: | 700 Ne 200 S. |
|--|--|--|
| Case #: 42-275/0 | | _700DC 2005. |
| County: DEATGE | | CIBERT DIXING 1 160 |
| | • | |
| Type of Laboratory Scizure (check one) | Scizure Location (| check all that apply) |
| Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only) | ☐ Residence ☐ Outbuilding ☐ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open a | ir. etc) | |
| (check all that apply) Lithium/Ammonia Reaction(s): | | |
| Red Phosphorous/lodine Reaction(s): | | |
| Flammable Solvents: | | • |
| Water Reactive Metal (Lithium): | | |
| Anhydrous Ammonia: 5 cac | | |
| ☐ Hydrochloric Acid Gas Generator(s): | | |
| Corrosive Acid: | | |
| Comosive Base: | | |
| Other (item and location): | | |
| , — , — , — , — , — , — , — , — , — , — | | |
| Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services | | |
| This report is to be faxed to the following agen | cies that serve the lo | gation; |
| Fire Department: Bower Vity | Fax: 302 66 | |
| Health Department: Dearen Cory | Fax: 8/2-663-97774751 | |
| Child Protection Service: DETATUR CRTY | Fax: | |
| For further information regarding this methampho Investigating Officer <u>(*)</u> Admb Phon | tamine laboratory, con le <u>Bu - 6</u> 81-8000 | ntací |
| This form is to be fixed to fee Five Named and The let | 6 Barray | |

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.